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### **Attorneys for Plaintiffs**

UNITED STATES DISTRICT COURT  
DISTRICT OF OREGON  
PORTLAND DIVISION

DON'T SHOOT PORTLAND, et al., )  
Plaintiffs ) Case No.  
v. ) DECLARATION OF DR. PETER CHIN-HONG  
CITY OF PORTLAND, a municipal corporation, ) IN SUPPORT OF PLAINTIFF'S PETITION FOR  
Defendant. ) TEMPORARY RESTRAINING ORDER

I, Peter Chin-Hong, declare as follows pursuant to 28 USC § 1746:

1. I have personal knowledge of the information contained in this declaration. If called upon to do so, I could and would competently testify regarding the matters set forth herein.
2. I am a physician and infectious diseases specialist. Currently, I am a Professor at University of California, San Francisco ("UCSF") School of Medicine as well as Associate Dean for Regional Campuses. I earned my medical degree from Brown University in 1997 and completed my residency/fellowship at UCSF in 2002, specializing in internal medicine and infectious diseases. Among other things, I also serve as Director of the UCSF Infectious Diseases / Immunocompromised Host and Transplant Infectious Diseases Program, oversee training for pre-doctoral researchers, and have developed programs to increase diversity in the medical field.
3. During COVID-19, I have been one of the leaders of institutional and community

education around the disease. Clinically, I have been one of the senior COVID-19 clinicians at UCSF. In terms of COVID-19 research, I have been leading and participating in teams looking at the impact of investigational agents such as remdesivir and convalescent plasma. For the impact of tear gas, my specific knowledge comes from a deep understanding of the biology of infectious diseases, and I am one of the course directors for the foundational sciences courses for microbiology, immunology and infectious diseases for medical and pharmacy students. In addition, I have been part of numerous University initiatives including outreach to the Asian American community (via bilingual webinars, for example), and the Association of Black Cardiologists national webinars on the impact of COVID-19 on minority populations. I have been solicited for my expertise by numerous U.S. and international print publications (San Francisco Chronicle, Mercury News, LA Times, Washington Post, New York Times, Wall Street Journal, Huffington Post, Guardian (UK), The Times (UK), The Mail (UK), South China Morning Post (HK)), and have made frequent appearances on local, national, and international television stations.

4. I make this declaration in support for Plaintiffs' Motion for Temporary Restraining Order. I make this declaration in my personal capacity and not on behalf of UCSF.
5. As an infectious disease specialist, I am concerned with local and state governments' use of tear gas, smoke, and other chemical agents (collectively referred to as "tear gas"). While I am unaware of any current research being conducted on the impact of tear gas and COVID-19, there does exist medical research on the impact of tear gas and how it triggers behaviors that spread COVID-19 as well as how it may

exacerbate harm.

6. In layman's terms, there are there distinct risks of harm related to tear gas and COVID-19. The first that someone who is infected more efficiently transmits COVID-19 to others. As one example: tear gas is designed to make people cough, and coughing is a known means by which to spread COVID-19. Thus, whereas someone would not have transmitted COVID-19, tear gas serves to weaponize that person to spread the infection (who would not normally be such an efficient transmitter of infection otherwise, as many infected patients have no symptoms). As another example: someone exposed to tear gas who was wearing a mask will likely take it off, and touch their face, nose, and mouth—behavior which increases risk of infection.
7. The second distinct risk of harm is that someone not currently infected more efficiently receives COVID-19. For example, when someone is burned by fire, they are most likely to die of infection because the skin, which acts as a barrier against infection, is damaged and denigrated. Tear gas operates like a chemical burn to the “inside skin”: a person’s mucous membranes of the nose and mouth, for example. When those membranes are inflamed by tear gas, that protective barrier is decimated and disrupted. Studies conducted by the United States military show that tear gas creates about a 2.5 greater risk of infection with respiratory viruses for this very reason. Thus, people exposed to tear gas who are not currently infected with COVID-19 can more efficiently receive transmission by someone infected with COVID.

The third risk of harm is that tear gas may make someone more susceptible to

succumbing to COVID-19. There exists evidence that pollution is linked to advanced progression of the inflection—for example, a currently unpublished Harvard study seems to suggest this connection. (See:

<https://www.hsph.harvard.edu/news/hsph-in-the-news/air-pollution-linked-with-higher-covid-19-death-rates/>). Tear gas can be analogized to these current and ongoing studies: it is similar to pollution in that it is particulate matter. Therefore, someone infected with COVID-19 may suffer more severely as a result of exposure to tear gas.

Black communities and other communities of color generally fare worse than their white counterparts when infected with COVID-19. For example, Black people have high rates of comorbidities such as diabetes, hypertension, heart disease and pulmonary disease which increase the risk of dying from COVID-19. (See:

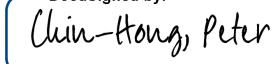
<https://jamanetwork.com/journals/jama/fullarticle/2764789> ;  
<https://www.ahajournals.org/doi/abs/10.1161/CIRCULATIONAHA.120.048126>)

Thus, it is likely that these same populations will be disproportionately impacted by the above-described risks.

8. Racism and violence are also threats to public health. As a medical doctor and public health professional, I do not encourage protesters to stay home, but rather take all precautions to protect against the spread and infection COVID-19. In my professional opinion, banning the use of tear gas would absolutely mitigate risks of harm from COVID-19.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on June 9, 2020.

DocuSigned by:  
  
5CC9AFB6B9B045C  
PETER CHIN-HONG